FFF(S) TRANSMITTAL

| . Complete and send | this | form, together wit | | e(s), to: <u>Mail</u> | Mail Stop ISSUE | FEE | | |
|--|----------------------|---|--|--|---|---|---------------------------------|--|
| Complete and some | | •• | Commissioner for Patents P.O. Box 1450 | | | | | |
| | | | | | Alexandria, Virg | ginia 22313-1 | 450 | |
| | | | | or <u>Fax</u> | (571) 273-2885 | 1 Di 1 1 | through 5 c | hould be completed where |
| appropriate. All further c indicated unless corrected | orresi I belo | should be used for tran pondence including the l w or directed otherwise | smitting the ISSUI Patent, advance or in Block 1, by (a) | E FEE and PUBLIC less and notification specifying a new c | CATION FEE (if requ of maintenance fees ver correspondence address | vill be mailed to and/or (b) indi | the current cating a sepa | hould be completed where correspondence address as arate "FEE ADDRESS" for |
| maintenance lee noulleau | OH2. | DDRESS (Note: Use Block I for | | 70 | Mata: A cartificate of | mailing can on | v he used for | or domestic mailings of the |
| 31714 | 7590 | 10/04/2005 | | AN 0.9 2006 س | Coo(a) Transmittal Th | us certificate car al naner, such as | not de useu an assignm | for any other accompanying ent or formal drawing, must |
| AAGAARD & | | LZAN. LLP | (A) | | Ce | rtificate of Mail | ing or Tran | smission |
| 674 COUNTY SO | QUA | RE DRIVE | MRENA | | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| SUITE 105 | 0200 | 12 | | | addressed to the Mar transmitted to the USI | TO (571) 273-2 | 885, on the | date indicated below. |
| VENTURA, CA | 9300 |)3 | | | Christo | | alzan | |
| 1/10/2006 HTECKLU2 0 | 0000 | 115 10663368 | | | (hristo | oh E | d- | (Signature) |
| 1 FC:1501 | | 1400.00 OP | | | Jan. | 4 20 | 06_ | (Date) |
| 2 FC:1504 | _ | 300.00 OP | | FIRST NAMED INVE | NTOR | ATTORNEY D | OCKET NO. | CONFIRMATION NO. |
| THE CONTROL OF THE CO | | | | Keyvan Sayyah | | | 0-03 | 1633 |
| 10/663,368 TITLE OF INVENTION: | | 09/16/2003 | | · · | | | 0 00 | ** |
| | . 1 | | ISSUE FE | er D | UBLICATION FEE | TOTAL FEE | (S) DUE | DATE DUE |
| APPLN. TYPE | | | | | \$300 | \$1700 | | 01/04/2006 |
| nonprovisional NO | | \$1400 | | | | | | |
| EXAMINER | | | ART UNIT | | LASS-SUBCLASS | J | | |
| KIANN | I, KA | VEH C | 2883 | | 385-014000 | | | |
| 1. Change of corresponder | nce ac | ddress or indication of "F | ee Address" (37 | | the patent front page, l | | risto | pher R. Balza |
| CFR 1.363). Change of correspo | nden | ce address (or Change of | Correspondence | the names of or agents OR, alte | • | | | |
| Address form PTO/SB | /122) | attached. | | (2) the name of a | single firm (having as a member a 2y or agent) and the names of up to | | | |
| PTO/SB/47; Rev 03-02 Number is required. | orn | (or "Fee Address" Indica nore recent) attached. Use | e of a Customer 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | |
| 3. ASSIGNEE NAME AN | | | | | | | | |
| PLEASE NOTE: Unle recordation as set forth | ss an | assignee is identified be CFR 3.11. Completion | clow, no assignee of of this form is NOT | data will appear on I a substitute for filin | the patent. If an assign ig an assignment. | nee is identified | below, the | document has been filed for |
| (A) NAME OF ASSIG | | | | | ΓΥ and STATE OR CO | | | |
| HRL Laborat | or | ies, LLC | | Malibu, C | | | | |
| • | | • | | | | | | |
| Please check the appropria | ate as | signee category or catego | ries (will not be pri | inted on the patent): | 🗆 Individual 🖾 C | orporation or oth | ier private gr | roup entity Government |
| 4a. The following fee(s) a | re enc | closed: | 4b. | . Payment of Fee(s): | | | | |
| Issue Fee | | | | | e amount of the fee(s) is enclosed. | | | |
| | | Il entity discount permitte | | Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501843 (enclose an extra copy of this form). | | | | |
| Advance Order - # | of Co | opies | | The Director is Deposit Account Nu | $\frac{1}{100}$ mber $\frac{1}{100}$ | (encl | ed iee(s), or ose an extra o | copy of this form). |
| 5. Change in Entity State | | | | | | | | |
| | | ALL ENTITY status. See | | | o longer claiming SMA | | | |
| The Director of the USPT NOTE: The Issue Fee and interest as shown by the re | O is r Publecords | requested to apply the Issued ication Fee (if required) to sof the United States Pates. | ue Fee and Publicat will not be accepted ent and Trademark | ion Fee (if any) or to I from anyone other to Office. | than the applicant; a reg | ly paid issue fee distered attorney | or agent; or t | ation identified above. the assignee or other party in |
| Authorized Signature | | brustoph | R. B. | | Date J | an. 4, 2 | 006 | |
| Typed or printed name | Cl | hristopher R | . Balzah | | Registration | No. 40,9 | 01 | · |
| an application Confidenti | ality | is governed by 35 U.S.C. | . 122 and 37 CFR 1 | l. 14. This collection | is estimated to take 12 | minutes to com | nete, includ | nd by the USPTO to process) ng gathering, preparing, and ime you require to complete |
| this form and/or missistic | appill | r reducing this burden sl | mould be sent to the | Chief Information (| Officer, U.S. Patent and | Trademark Off | ce, U.S. Der | ime you require to complete partment of Commerce, P.O. |

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.